

Please send

DISMANTLER ACQUISITION, REG 42 ORDER FORM

Instructions: Print clearly in black ink or type. This order form will only be accepted for ordering Dismantler Acquisitions. Separate order forms are available for each type. Any changes made to this order form for a different type will **not** be accepted.

Dismantler Acquisitions:

NUMBER	OF SHEETS	n Aoquioi	tions.
FIRM NAME		FIRM NUMBER	
FIRM ADDRESS			
CITY		STATE	ZIP CODE
MAIL TO ADDRESS (Only if authorized by DMV))		
CITY		STATE	ZIP CODE
OWNER'S NAME (Print)		TITLE	
OWNER'S SIGNATURE			
AREA CODE/TELEPHONE NUMBER		DATE	
()			
DEPAR	TMENTAL USE C	NLY	
BEGINNING NUMBER	ENDING NUMBER		REISSUED
BEGINNING NUMBER	ENDING NUMBER		REISSUED
OFFICE/REGION		DATE	,
ISSUING EMPLOYEE'S SIGNATURE/NUMBER			
RECEIVED BY		DATE	

Note: Courier Service ships all orders. Someone must be present to receive and sign for shipment. Allow 4-6 weeks for delivery.

Important: If the above address differs from departmental records, this order will *not* be filled. Contact your local Inspector for assistance with your change of address.

Please place completed and signed order form in an envelope and mail to:

Department of Motor Vehicles Occupational Licensing Section MS - L224 P.O. Box 932342 Sacramento CA 94232-3420